



## REPORT OF CONTACT

**NOTE:** As appropriate, once this form is completed it becomes a permanent record in the veteran's folder. Please do not use a pencil to complete this form.

VA OFFICE		IDENTIFICATION NOS. (C, XC, SS, XSS, V, K, etc.)	
LAST NAME-FIRST NAME-MIDDLE NAME OF VETERAN (Type or print)		DATE OF CONTACT	
ADDRESS OF VETERAN		TELEPHONE NO. OF VETERAN (Include Area Code)	
PERSON CONTACTED		TYPE OF CONTACT (check one) <input type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE	
ADDRESS OF PERSON CONTACTED		TELEPHONE NO. OF PERSON CONTACTED (Include Area Code)	
PERSON WHO CONTACTED YOU		TYPE OF CONTACT (check one) <input type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE	
ADDRESS OF PERSON WHO CONTACTED YOU		TELEPHONE NO. OF PERSON WHO CONTACTED YOU (Include area code)	
BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN			
DIVISION OR SECTION		EXECUTED BY (Signature and title)	